Long-Term Care Insurance
Policy Comparison Worksheet
Completed by:_____
Date of Completion:_____

	Policy 1: Company Name:_____ Form #:_____	**Policy 2:** Company Name:_____ Form #:_____
What levels of care are covered by this policy?		
Does the policy provide benefits for nursing (skilled) care:		
• In a nursing home?	**Yes / No**	**Yes / No**
• In an assisted living facility?	**Yes / No**	**Yes / No**
• In home?	**Yes / No**	**Yes / No**
• In other settings? (list if needed)	**Yes / No**	**Yes / No**
Does the policy provide benefits for personal care (or "custodial care"):		
• In a nursing home?	**Yes / No**	**Yes / No**
• In an assisted living facility?	**Yes / No**	**Yes / No**
• In home?	**Yes / No**	**Yes / No**
• In other settings? (list if needed)	**Yes / No**	**Yes / No**
Where can you receive care covered under the policy?		
Does the policy pay for care in any licensed facility?	**Yes / No**	**Yes / No**
• If not, what are the restrictions on where you can get care?		
Does the policy pay for care received in:		
• Adult day care centers?	**Yes / No**	**Yes / No**
• Community centers?	**Yes / No**	**Yes / No**
• Other settings? (list if needed)	**Yes / No**	**Yes / No**

	Policy 1:	**Policy 2:**

Does the policy provide home care benefits for:

- Skilled care?

Yes / No	**Yes / No**

- Care by home health aides?

Yes / No	**Yes / No**

- Homemaker services?

Yes / No	**Yes / No**

How long are benefits provided and what amounts are covered?

What is the maximum daily benefit amount for:

- Nursing home care?

$	$

- Assisted living facility care?

$	$

- Home care?

$	$

- Other care? (list if needed)

$	$

Are there limits on the number of days or visits per year for which benefits will be paid?

Yes / No	**Yes / No**

If yes, what are those limits (number of days or visits):

- Nursing home care?
- Assisted living facility care?
- Home care?
- Other care? (list if needed)

What length of benefit period are you considering?

	Policy 1:	**Policy 2:**

Are there limits on the amounts the policy will pay during your lifetime?

	Yes / No	**Yes / No**

If yes, what are those limits for:

- Nursing home care?
- Assisted living facility care?
- Home care?
- Other care? (list if needed)
- Total lifetime limit?

	Policy 1:	**Policy 2:**
	$	$
	$	$
	$	$
	$	$
	$	$

What is the tax-qualified status of the policy?

Is the policy tax-qualified?

	Yes / No	**Yes / No**

Does the policy have inflation protection?

Are benefits adjusted for inflation?

	Yes / No	**Yes / No**

If yes, are you allowed to buy more coverage?

	Yes / No	**Yes / No**

If yes:

- When can you buy more coverage?
- How much can you buy?
- When can you no longer buy more coverage?

	Policy 1	Policy 2
When can you buy more coverage?		
How much can you buy?	$	$
When can you no longer buy more coverage?		

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	Policy 1:	**Policy 2:**
Do the benefits increase automatically?	**Yes / No**	**Yes / No**

If yes:

- What is the amount of the increase?

	$	$

- When do automatic increases stop?

- Is this a simple (S) or compound (C) increase?

	S / C	**S / C**

If you buy inflation coverage, what daily benefit would you receive for:

Nursing Care:

- 5 years from now

	$	$

- 10 years from now

	$	$

Assisted living facility care:

- 5 years from now

	$	$

- 10 years from now

	$	$

Home care:

- 5 years from now

	$	$

- 10 years from now

	$	$

After you reach limits for inflation adjustments, what is the maximum benefit you will receive for:

- Nursing care

	$	$

- Assisted living care

	$	$

- Home care

	$	$

	Policy 1:	**Policy 2:**
If you buy inflation coverage, what will your premium be:		
• 5 years from now?	$	$
• 10 years from now?	$	$
• 15 years from now?	$	$

What other provisions are covered under the policy?

	Policy 1:	**Policy 2:**
A waiver of premium provision?	Yes / No	Yes / No
If yes:		
• How long do you have to be in a nursing home before it begins?		
• Does the waiver apply when you receive assisted living care?	Yes / No	Yes / No
• Does the waiver apply when you receive home care?	Yes / No	Yes / No
A nonforfeiture benefit?	Yes / No	Yes / No
• What kind?		
A return of premium benefit?	Yes / No	Yes / No
A death benefit (or survivor benefit)?	Yes / No	Yes / No
• If yes, are there any restrictions before the benefit is paid?	Yes / No	Yes / No

When do benefits start?

	Policy 1:	**Policy 2:**
How long is the elimination / waiting period before benefits begin for:		
• Nursing home care?		
• Assisted living facility care?		
• Home health care?		
• Other care? (list if needed)		

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	Policy 1:	**Policy 2:**

Are waiting periods:

- Service (S) days or calendar (C) days?

| | **S / C** | **S / C** |

- Cumulative (CU) or consecutive (CON) for home care?

| | **CU / CON** | **CU / CON** |

How long will it be before you are covered for a pre-existing condition?

| | | |

How long will the company look back in your medical history to determine a pre-existing condition?

| | | |

Does the policy cover one (1) person or two (2)?

| | **1 / 2** | **1 / 2** |

- If more than one, who else?

| | | |

Under the policy, when are you eligible for benefits?

Which benefit triggers does the policy use to show your eligibility for benefits? (May be more than one.):

- Doctor certification of medical necessity

| | **Yes / No** | **Yes / No** |

- Unable to do activities of daily living (ADLs)

| | **Yes / No** | **Yes / No** |

- Cognitive impairment

| | **Yes / No** | **Yes / No** |

If there is an ADL benefit trigger,

- Are ADLs spelled out clearly?

| | **Yes / No** | **Yes / No** |

- Does the policy specify what is meant by failure to perform one?

| | **Yes / No** | **Yes / No** |

Is there a separate trigger for qualifying for benefits if you have a cognitive impairment (such as Alzheimer's disease)?

| | **Yes / No** | **Yes / No** |

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	Policy 1:	**Policy 2:**

What does the policy cost?

- Yearly premium excluding all riders

$	$

- Yearly premium if home care is covered

$	$

- Yearly premium if assisted living is covered

$	$

- Yearly cost of inflation rider

$	$

- Yearly cost of nonforfeiture benefit

$	$

- How long is the premium guaranteed?

- How often may the premium change?

Is there a discount if you and your spouse both buy policies?

Yes / No	**Yes / No**

If yes,

- What is the amount of the discount?

$	$

- Do you lose the discount if one spouse dies?

Yes / No	**Yes / No**

Total yearly premium with all riders and discounts:

$	$

What customer service features does the policy include?

Does the policy clearly explain how to contact customer service?

Yes / No	**Yes / No**

Does the policy clearly explain the appeal process if you disagree with the company's decision?

Yes / No	**Yes / No**

This worksheet is adapted in part from the National Association of Insurance Commissioner's *Shopper's Guide to Long-Term Care Insurance*

Need more help? Call our Insurance Consumer Hotline!

1-800-562-6900

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